Please type a plus sign (+) inside this box ——— [·.	Арқ	roved for use I	hrough 10/3	PTO/SB/ 31/2002. OMB	0651-0035
Place the Paperwork Reduction Act	of 1995, no persons are required to	U.S. Pater respond to a collection	nt and Trad	emark Office: I	J.S. DEPAR	TMENT OF C	OMMERC
CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Assistant Commissioner for Patents Washington, D.C. 20231		Application Number			09/674.492		
		Filing Date			13-	Nov-	00
		First Named In	nventor			······································	
		Group Art Unit					*
		Examiner Name					
		Attorney Docket Number			1067 7		
	······································		····				
Please change the Correspondence Address for the to: Customer Number Type Customer Num CB.			utied ap	plication →	Nun	ce Custome nber Bar Co pel here	
OR .							
Firm or Individual Name	DR MARK FRIEIMAN LID						
Address	c/o Bill Polkinghorn — Discovery Dispatch						
Address	9003 Florin Way						
City	Upper Marlboro	Sta	ete M	D	ZIP	20772	
Country	U.S.A.		<u> </u>	<u> </u>		20112	
Telephone	(301) 952–1011		Fax	(201)	952.902		
This form cannot be us data associated with a Change" (PTO/SB/124)	sed to change the data a an existing Customer N						
This form cannot be us data associated with a	sed to change the data a an existing Customer N						
This form cannot be us data associated with a Change" (PTO/SB/124)	sed to change the data a an existing Customer N						
This form cannot be us data associated with a Change" (PTO/SB/124) I am the : Applicant/In	sed to change the data a an existing Customer N	lumber use "F	Request	for Custo			
This form cannot be us data associated with a Change" (PTO/SB/124) I am the : Applicant/Int Assignee of Statement u	sed to change the data a an existing. Customer No.	lumber use "F	Request	for Custo			
This form cannot be us data associated with a Change" (PTO/SB/124) I am the : Applicant/Int Assignee of Statement us X Attorney or A	sed to change the data a an existing. Customer No. ventor. record of the entire interested of	lumber use "F st. nclosed. (Form	Request PTO/St	for Custo 3/96). etter in an	mer Nu	mber Data	: :
This form cannot be us data associated with a Change" (PTO/SB/124) I am the : Applicant/In Assignee of Statement u X Attorney or A Registered pexecuted oa	sed to change the data a an existing. Customer No. ventor. record of the entire interested and a 37 CFR 3.73(b) is entire and a second of record. practitioner named in the a	st. aclosed. (Form application tranc CFR 1.33(a)(1)	Request PTO/St	for Custo 3/96). etter in an	mer Nu	mber Data	: :

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

forms are submitted.

*Total of

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.